

Reapplication & Reinstatement

Medicaid Providers can reinstate or reapply for their Medicaid ID in the Maintenance tab of Partner Portal.

- **Reinstatement:** Use this option if a Provider is terminated for cause by DMS. If the Reinstatement is approved, the Provider will be reissued their original Medicaid ID.
- **Reapplication:** Use this option if the user's Medicaid ID status has been End Dated more than 365 days in the past. Once the Reapplication is approved, the Provider will be reissued their original Medicaid ID.

Reinstatement and Reapplication

1. Log into Partner Portal. Once on the Dashboard, click the Maintenance Tab.



The screenshot shows the 'Partner Portal' interface for 'Kentucky.gov'. The 'Maintenance' tab is selected and highlighted with a yellow box. The page contains a list of instructions for maintenance requests, a search field for the Medicaid ID, and an 'Exit' button.

Kentucky.gov Partner Portal Welcome: [User Name]

Dashboard Application **Maintenance** Correspondence Search

Maintenance ⓘ ⓘ ** Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid
- Select Reapplication (RAP) to reapply for a Medicaid ID that has been End Dated over a year
- Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid

*Medicaid ID
 Search Clear

Exit

For further assistance with navigation, invitations, or account creation please contact the Partner Portal Technical Support Center at 877-838-5085. Select option 1 and option 1, again, to speak with a customer service representative.

2. Enter the Medicaid ID and click Search.

The screenshot shows the 'Maintenance' section of the Partner Portal. It includes a list of instructions: 'Requests for Maintenance must be processed by DMS before a new request can be submitted...', 'Choose Voluntary Termination to end participation with Kentucky Medicaid', 'Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid', 'Select Reapplication (RAP) to reapply for a Medicaid ID that has been End Dated over a year', and 'Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid'. Below the instructions is a search form with a text input field for the Medicaid ID, a 'Search' button, and a 'Clear' button. An 'Exit' button is located at the bottom left of the form area.

3. Review the prepopulated information and select Reinstatement or Reapplication under the "I want to perform" section. Enter the Effective Date. Click Continue.

This screenshot shows the same 'Maintenance' page but with more information populated. The search field for Medicaid ID is highlighted with a yellow box. Below it, the 'Provider Name' and 'NPI' fields are empty, while the 'Taxonomy' field is populated with '213E0000X - Podiatrist'. The 'Primary Physical Address' field contains '8727 38th Ave North, Frankfort, Kentucky, 40601'. The 'Revalidation Date' field is populated with '03/09/2026'. The 'Medicaid ID Effective Date' is '02/01/2021' and the 'Medicaid ID End Date' is '02/05/2021'. The 'Status' is 'Terminated' and the 'Status Reason' is 'Term by Medicaid'. In the 'I want to Perform' section, the 'Reinstatement' radio button is selected and highlighted with a yellow box. The 'Requested Effective Date' field is empty and has a calendar icon. 'Exit' and 'Continue' buttons are visible at the bottom left and right respectively.

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Dashboard Application Maintenance Correspondence Search

Maintenance Required

- Requests for Maintenance must be processed by DMS before a new request can be submitted. In the event additional maintenance items needs to be submitted, withdraw a pending request by going to the dashboard
- Choose Voluntary Termination to end participation with Kentucky Medicaid
- Revalidation is only required every five years. Select "Revalidation" to update provider file with Kentucky Medicaid
- Select Reapplication (RAP) to reapply for a Medicaid ID that has been End Dated over a year
- Select Reinstatement (RIN) to reinstate a Medicaid ID that was Terminated by Kentucky Medicaid

* Medicaid ID
7100717610 Search Clear

Provider Name NPI Taxonomy
213E00000K - Podiatrist

Primary Physical Address Revalidation Date
8707 38th Ave North, Frankfort, Kentucky, 40601 03/09/2026

Medicaid ID Effective Date Medicaid ID End Date Status Status Reason
02/01/2021 02/05/2021 Terminated Term by Medicaid

* I Want to Perform: * Requested Effective Date
07/24/2023

Maintenance
 Revalidation
 Voluntary Termination
 Reinstatement
 Reapplication
 Intent to bill

Exit Continue

4. Click Yes to start the Reinstatement or Reapplication.

Confirm Continue

After selecting "Continue", additional Maintenance items cannot be submitted until action has been taken by DMS on this submission. Click "Yes" to continue or "No" to remain on this page

No Yes

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5. Review, update, and save each screen.

Basic Information- Individual

- To change information, edit the allowable field(s)
- Names or DBA entered must match all supporting documentation including IRS Verification Letter, DBA only if owning 100% of FEIN
- Maintenance Requested Effective Date may be edited on this screen
- In order to change Email Address, please log into KOG (Kentucky Online Gateway)
- User must proceed to screen 8.0 to "Upload Documents" and then proceed to screen 10.0 to "Submit" Maintenance Item once all items have been updated for DMS

* Provider First Name: [Text Field] Middle Name: [Text Field] * Provider Last Name: [Text Field]

Suffix: [Dropdown] Gender: [Dropdown] * Date of Birth: [Date Picker]

Doing Business As: [Text Field] * SSN: [Text Field]

* Provider Email Address: [Text Field] * Confirm Provider Email Address: [Text Field]

Communication Email Address: [Text Field] Confirm Communication Email Address: [Text Field]

Upon approval of the KY Medicaid ID, I plan on applying to be a participating provider with the following KY Managed Care Organization(s):

Select all that apply:

Aetna Better Health of Kentucky Anthem Blue Cross Blue Shield Humana Healthy Horizons in Kentucky Passport Health Plan by Molina Healthcare UnitedHealthcare Community Plan WellCare of Kentucky

It is the Provider's responsibility to contract with the MCOs.

If you are an MCO select the MCO:

Select that apply:

Aetna Better Health of Kentucky Anthem Blue Cross Blue Shield Humana Healthy Horizons in Kentucky Passport Health Plan by Molina Healthcare UnitedHealthcare Community Plan WellCare of Kentucky

* Requested Effective Date: [Date Picker] * Maintenance Received Date: [Date Picker]

Exit **Save & Next**

6. Supporting documentation must be uploaded and in line with the requirements to complete the application.

Document Upload

- All required documents must be uploaded to submit application
- Required documents are listed in grid with "Required = Y", select "Edit" on each row to upload required item
- User may select "Add" to upload any additional documents to grid
- Click "Add" to upload a document, "Delete" to remove uploaded document
- After clicking "Add", click "Browse" and use "Insert File" popup to locate each file you wish to upload and then press "Insert"
- Fill out the required fields and then Click "Add to Grid" when you are ready to upload each file
- Please Note: JPG, JPEG, TXT, RTF, CSV, DOC, DOCK, XLS, XLSX, TIF, TIFF and PDF file formats are accepted for supporting documents uploads and the file size is limited to 5 MB

Alert
Required documents must be uploaded

Document Type	Name	Required	Uploaded By	Uploaded Date	Action
Social Security Card	Social Security Card	Y	Henderson, Deborah	03/09/2021	[Edit] [Delete]
Podiatrist License	Podiatrist License - 76467567	Y	Henderson, Deborah	03/09/2021	[Edit] [Delete]
Social Security Card	Social Security Card	Y	Henderson, Deborah	03/09/2021	[Edit] [Delete]
Podiatrist License	Podiatrist License - 76467567	Y	Henderson, Deborah	03/09/2021	[Edit] [Delete]
Social Security Card	Social Security Card	Y			[Edit] [Delete]

Exit **Back** **Save & Next**

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7. Review and Agree to the Terms of Agreement. Electronically sign the Reinstatement or Reapplication.
 - Authorized Delegates and Legally Authorized Agents are required to submit additional documentation before submitting to DMS.

Dashboard Application Maintenance Correspondence Application Header

1.0 Administrative Information
2.0 Provider Qualifications
3.0 Disclosure of Ownership and Control Interest
4.0 Attestations
5.0 Provider Group Linkage
6.0 Account Information
7.0 Fee Payment
8.0 Document Upload
9.0 Provider Review
10.0 Submit

Submit

- Enter Name as it appears on the application
- For Group or Entity with an Individual owner, owner's signature is required via e-sign
- For Group or Entity with no Individual owner, an officer or board member's signature listed in the application is required via esign
- For Individual providers, the Title is prepopulated based on Enrollment
- For Group or Entity only, select Title from dropdown
- Sign Date is default of today's date
- Click "Esign & Submit" to submit maintenance for approval, "Back" to previous screen or "Exit" to return to Dashboard

By entering the name below, I am indicating I have reviewed the KY Medicaid Rules, Regulations, Policy and 42 USC 1320a.7b, and it is my intent to electronically sign the application and represent that all of the information I have provided is true, complete, and accurate.

*Electronic Signature

*Title
Podiatrist

Sign Date
7/24/2023 3:12:06 PM

Exit View MAP-811 PDF Back Esign & Submit

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